

APPLICANT RELEASE SECTION
ONLY THIS FORM WILL BE ACCEPTED TO PROCESS YOUR CLEARANCE

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Print in black ink or type

Last _____		First _____		Middle _____	Maiden Name and all Previous Married Names, Alias _____
Date of Birth _____	Gender (male or female) _____		Social Security Number _____		Driver's License Number and State _____
Current Home Address _____		City _____	State _____	Zip Code _____	() Area Code Home phone number _____
If you have not resided in Utah for the past five (5) years, list addresses you have lived and for how long: (Attach additional sheet if necessary)					
<u>ADDRESS</u>		<u>CITY AND STATE</u>		<u>FROM</u>	<u>TO</u>

ANSWER ALL OF THE FOLLOWING QUESTIONS

Have you resided in Utah continuously for the last five (5) years? If "no" a completed fingerprint card and business check or money order for \$24.00 for FBI NCIC clearance must accompany this application. _____

Do you have any felony convictions on your record? (Any felony conviction shall result in non-clearance for a license or Residential certificate or to reside in a home when child care is being provided) _____

Have you ever been convicted of a misdemeanor? If "yes" documentation must be attached explaining circumstances, age of conviction(s), type of conviction(s), documentation of completion of court requirements, letters of reference, valid documentation of counseling, rehabilitation, etc. (Examples: Domestic violence, simple assault, lewdness, sex solicitation, prostitution, DUI's, theft, shoplifting, dangerous drugs, any sex offenses). _____

Are you currently awaiting trial on any felony or misdemeanor charges? Attach written explanation of the charges. _____

Have you ever been investigated for abuse or neglect of a child by the Utah Department of Human Services, Division of Child and Family Services (Child Protective Service) that resulted in being substantiated? If "yes", explain on a separate sheet of paper, when, why, and what for. _____

I hereby authorize the Utah Department of Health to process this criminal history check pertinent to my application according to Utah Code 26-39-107. The release of any and all information is authorized whether the same is of record or not. I do hereby release all persons, firms, agencies, companies, groups, or institutions, whomsoever, from any damages of, or resulting from, furnishing such information to the Department of Health. I SWEAR THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____

★ ★ ★ ★ FOR DEPARTMENT OF HEALTH USE ONLY ★ ★ ★ ★

DATE RECEIVED	FBI APPROVAL	MIS APPROVAL	CBS APPROVAL

CBS/MIS CONSENT AND RELEASE OF LIABILITY FOR CHILD CARE

INSTRUCTIONS: Please read both sides of this form, PRINT or TYPE, legibly, **IN INK**, completing the entire form, including signatures.

Processing will not be completed if all required information and signatures are not provided.

★ ★ ★ ★ ★ EMPLOYER SECTION ★ ★ ★ ★ ★				
NAME OF CHILD CARE FACILITY (If different than provider name)			() AREA CODE AND BUSINESS TELEPHONE NUMBER	
BUSINESS ADDRESS			CITY, STATE, ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)			CITY, STATE, ZIP CODE	
NAME OF REPRESENTATIVE (PLEASE PRINT)*		SIGNATURE OF REPRESENTATIVE		DATE
* The Representative may be the Director/Designee/Provider/Owner of a child care program.				
PROGRAM: (CHECK ALL THAT APPLY)				
CENTER (FULL DAY)	FAMILY GROUP	FAMILY PROVIDER	RESIDENTIAL CERTIFICATE	HOURLY CARE

PURPOSE:

The purpose of the criminal history check as part of the Department of Health (DOH), Bureau of Licensing process is to determine whether an individual has been convicted of any crime or has a substantiated finding of child abuse or neglect to aid in protecting the health and safety of children in alternative care.

INSTRUCTIONS:

The Child Care Representative* is responsible for submitting the completed CBS/MIS Consent and Release of Liability form to the Bureau of Licensing. The **Child Care Representative** must complete and sign the "**Employer Section**" of this form (this side). The **applicant** must complete and sign the "**Applicant Release Section**" on the reverse side. **Incomplete applications cannot be processed and will be returned.**

If the applicant has not resided in Utah continuously for five (5) years, fingerprints and a business check or money order in the amount of \$24.00 per applicant must be submitted along with this form to process the FBI NCIC check.

Send the completed form to:

**Utah Department of Health
Bureau of Licensing,
PO Box 142003
288 North 1460 West
Salt Lake City, UT 84114-2003**

If you have any questions or concerns regarding the criminal background screening procedure, please contact the Bureau at: 538-9299 or toll free: 1-888-287-3704. All other questions should be directed to your employer's Human Resource Manager.

CONFIDENTIALITY

The information acquired will be kept confidential by the Bureau of Licensing, and no confidential details of the report will be released or disclosed over the phone. The Bureau will notify the applicant and child care provider if they do not qualify for clearance based on criteria established in R430-6.

DENIAL

The Bureau of Licensing will deny clearance for **any felony convictions** and certain misdemeanor convictions that fall under Utah Criminal Code as offenses against the family, offenses against the person, pornography, prostitution or any type of sexual offense, i.e., simple assault, domestic violence, lewdness, prostitution, child abuse, etc., and may deny clearance on a pattern of convictions regardless of type (in excess of three(3)). If there is an error on an applicant's record or if the applicant is eligible to have their record expunged, it is the applicant's responsibility to resolve the matter by contacting: The Utah Department of Public Safety, Bureau of Criminal Identification. When the matter is resolved, the applicant must provide legal documentation of the expungement, dismissal, etc. to be considered once again for clearance.

EMPLOYEE MUST COMPLETE BACK SIDE OF THIS FORM